

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Leonard Russ

Signature of Treasurer

Electronically Filed by Mr. Leonard Russ

Date

0 1

3 1

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 28

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2010^{Y Y Y}</div>		128897.14
(b) Cash on Hand at Beginning of Reporting Period	110015.77	
(c) Total Receipts (from Line 19)	15041.45	904685.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	125057.22	1033582.22
7. Total Disbursements (from Line 31)	5750.00	914275.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119307.22	119307.22
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 28

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14101.75	782166.57
(ii) Unitemized	939.70	85018.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15041.45	867185.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15041.45	880185.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	24500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15041.45	904685.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15041.45	904685.08

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5750.00	911800.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2475.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2475.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5750.00	914275.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5750.00	914275.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 28

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15041.45	880185.08
34. Total Contribution Refunds (from Line 28(d))	0.00	2475.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15041.45	877710.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1150901

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158576

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162306

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167027

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City

Westlake Village

State

CA

Zip Code

91362-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: C1162461

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Susan Chase

Mailing Address 5374 Long Shadow Ct

City

Westlake Village

State

CA

Zip Code

91362-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: C1162460

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2520.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Louis E. Cottrell, Jr.

Mailing Address 4156 Carmichael Road

City

Montgomery

State

AL

Zip Code

36106-2866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Nursing Home Asso-
ciation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	1	0

Transaction ID: C1167023

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

Transaction ID: C1150903

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: C1158577

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162307

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167029

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
#407

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153032

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
#407

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158579

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
#407

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162311

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
#407

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167034

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153043

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158646

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162320

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167044

Amount of Each Receipt this Period

38.25

B.

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City

Arlington

State

TX

Zip Code

76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care Centers Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 1 0

Transaction ID: C1150895

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City

Arlington

State

TX

Zip Code

76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care Centers Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 1 0

Transaction ID: C1173868

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

88.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Jo Kurtz

Mailing Address 304 South Van Dien Avenue

City State Zip Code
 Ridgewood NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Dyk Health Care

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 7 / 2 0 1 0

Transaction ID: C1161940

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City State Zip Code
 Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.12

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153045

Amount of Each Receipt this Period

39.56

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City State Zip Code
 Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.12

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158647

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

179.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162448

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167075

Amount of Each Receipt this Period

39.56

C.

Full Name (Last, First, Middle Initial)

David Mason

Mailing Address 9303 Consefition Court

City

Louisville

State

KY

Zip Code

40291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medline

Occupation

LTC Sales Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: C1161318

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

139.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City

Westlake Village

State

CA

Zip Code

91362-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: C1162462

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153049

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158648

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162449

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167077

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City

Washington

State

DC

Zip Code

20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153051

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

51.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158649

Amount of Each Receipt this Period

11.54

B.

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162450

Amount of Each Receipt this Period

11.54

C.

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167079

Amount of Each Receipt this Period

11.50

SUBTOTAL of Receipts This Page (optional)

34.58

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sharon Purvis

Mailing Address 7805 Sycamore Drive

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

Transaction ID: C1153053

Amount of Each Receipt this Period

22.73

B.

Full Name (Last, First, Middle Initial)

Sharon Purvis

Mailing Address 7805 Sycamore Drive

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: C1158651

Amount of Each Receipt this Period

22.73

C.

Full Name (Last, First, Middle Initial)

Sharon Purvis

Mailing Address 7805 Sycamore Drive

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: C1162452

Amount of Each Receipt this Period

22.73

SUBTOTAL of Receipts This Page (optional)

68.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sharon Purvis

Mailing Address 7805 Sycamore Drive

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167083

Amount of Each Receipt this Period

22.70

B.

Full Name (Last, First, Middle Initial)

Joan Redden

Mailing Address 16025 Constable

City

Riverside

State

CA

Zip Code

92504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skilled Health Care

Occupation

VP Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: C1159619

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr

City

Burke

State

VA

Zip Code

22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153054

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

132.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr

City

Burke

State

VA

Zip Code

22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158652

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr

City

Burke

State

VA

Zip Code

22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162453

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr

City

Burke

State

VA

Zip Code

22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167086

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153056

Amount of Each Receipt this Period

11.54

B.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158653

Amount of Each Receipt this Period

11.54

C.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162454

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

34.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167087

Amount of Each Receipt this Period

11.50

B.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1153057

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1158654

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

49.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1162455

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1167088

Amount of Each Receipt this Period

19.00

C.

Full Name (Last, First, Middle Initial)

Brad Stebbins

Mailing Address 600 East Whaley

City

Longview

State

TX

Zip Code

75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation

Owner

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1157534

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

663.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kathy Weiner

Mailing Address 1217 Nonchalant Dr

City

Simi Valley

State

CA

Zip Code

93065-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Rehab Care

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: C1162459

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Ted Weiner

Mailing Address 1217 Nonchalant Dr

City

Simi Valley

State

CA

Zip Code

93065-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Rehab Care

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: C1162457

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Arnold Whitman

Mailing Address 1975 Drummond Pond Road

City

Alpharetta

State

GA

Zip Code

30004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Formation Capital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 1 0

Transaction ID: C1161327

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nile Whitney

Mailing Address 4700 Village Green Drive

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medline IndustriesOccupation
LTC Sales

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	0

Transaction ID: C1161939

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

14101.75

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 28

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) A NEW DIRECTION PAC Mailing Address PO BOX 4234	Transaction ID: D109213 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2010</div> </div>
City Concord State NH Zip Code 03302 Purpose of Disbursement Contributions to Federal PACs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1250.00</div>
B. Full Name (Last, First, Middle Initial) ORRINPAC F.K.A. CAMPAIGN FOR AMERICAS FUTURE Mailing Address 175 S. WEST TEMPLE SUITE 650 City SALT LAKE CITY State UT Zip Code 84101 Purpose of Disbursement Contributions to Federal PACs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D109743 Date of Disbursement <div> <div>12</div> <div>13</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) CICILLINE COMMITTEE Mailing Address 102 Waterman St, Suite 2 City Providence State RI Zip Code 02906 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. David Cicilline Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 01	Transaction ID: D109212 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 28

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARKEY COMMITTEE, THE

Mailing Address PO Box 526

City
Medford

State
MA

Zip Code
02155

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. Edward J. Markey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 07

Transaction ID: D109612

Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

-2000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement
Debt Retirement Contribution for Federal Candidates

Candidate Name
Rep. Joe Heck

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: NV District: 03

Debt Retirement Cont

Transaction ID: D109814

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 Cincinnati Dayton Road

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
Voided Check

Candidate Name
Rep. John A. Boehner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D109610

Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D109613

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. Richard E. Neal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D109611

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2000.00

C.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Contributinos to Federal Candidates

Candidate Name
Sen. Orrin G. Hatch

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: D109742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

5750.00